

new graph environment

Tailboard / Site and Worker Assessment / Equipment and Vehicle Inspection / Emergency Contact List

Project: AK IP Location: Liquid Date: Oct 13/2021

| Name | Crew Leader/Member | Signature |
|-------------------|--|--------------------|
| <u>Alan Irwin</u> | Leader <input type="checkbox"/> Member <input type="checkbox"/> | <u>[Signature]</u> |
| <u>Brad Klenk</u> | Leader <input type="checkbox"/> Member <input checked="" type="checkbox"/> | <u>[Signature]</u> |
| <u>Steve Syer</u> | Leader <input type="checkbox"/> Member <input checked="" type="checkbox"/> | <u>[Signature]</u> |
| | Leader <input type="checkbox"/> Member <input type="checkbox"/> | |

☒ COVID self assessment completed? ☒ Pre-existing Health Conditions?

Description of work: (ex. Culvert assessments, electrofishing, water sampling, redd surveys, RPAS surveys etc.)

Site Conditions:

| | | | | | | | |
|---------|-------------------------------------|-------|--------------------------|------|-------------------------------------|------------------|-------------------------------------|
| Clear | <input checked="" type="checkbox"/> | Dry | <input type="checkbox"/> | Hot | <input type="checkbox"/> | Cloudy/Broken | <input checked="" type="checkbox"/> |
| Raining | <input type="checkbox"/> | Wet | <input type="checkbox"/> | Warm | <input type="checkbox"/> | Foggy | <input type="checkbox"/> |
| Snowing | <input type="checkbox"/> | Muddy | <input type="checkbox"/> | Cold | <input checked="" type="checkbox"/> | Icy/Snow Covered | <input type="checkbox"/> |

Site Risks and Hazards. Job risks:

| | | | | | |
|-----------------|-------------------------------------|--|-------------------------------------|--------------------------------|-------------------------------------|
| Wildlife | <input checked="" type="checkbox"/> | Slippery and/or uneven ground | <input checked="" type="checkbox"/> | Chainsaw/knife/loppers (cuts) | <input type="checkbox"/> |
| Swiftwater | <input checked="" type="checkbox"/> | Exposure (heat/cold) | <input checked="" type="checkbox"/> | Electric Shock (electrofisher) | <input checked="" type="checkbox"/> |
| Remote worksite | <input checked="" type="checkbox"/> | Machinery | <input checked="" type="checkbox"/> | Open water | <input checked="" type="checkbox"/> |
| Traffic | <input checked="" type="checkbox"/> | ATV/Sled (roll over/burns/collision) | <input checked="" type="checkbox"/> | Overhead Snags | <input checked="" type="checkbox"/> |
| Bush roads | <input checked="" type="checkbox"/> | Chemicals | <input checked="" type="checkbox"/> | Sharp shrubs (eye injury) | <input checked="" type="checkbox"/> |
| Dogs | <input checked="" type="checkbox"/> | Helicopters (rotors, lines, stranding) | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Plans Reviewed:

| | | | |
|-------------------------|-------------------------------------|---|-------------------------------------|
| Emergency Response Plan | <input checked="" type="checkbox"/> | Field Safety Plan (Call in / Call out Procedures) | <input checked="" type="checkbox"/> |
| Safe Work Procedures | <input checked="" type="checkbox"/> | Roles and Responsibilities | <input checked="" type="checkbox"/> |

Personal Protective Equipment Checklist/Inspection:

| | | | | | |
|----------------------------|-------------------------------------|--|-------------------------------------|-----------------|--------------------------|
| Hi-Vis Vest | <input checked="" type="checkbox"/> | Protective footwear (assess condition) | <input checked="" type="checkbox"/> | Throw Bag | <input type="checkbox"/> |
| Cell phones / radio / spot | <input checked="" type="checkbox"/> | Hard Hat | <input type="checkbox"/> | PFD | <input type="checkbox"/> |
| Waders / Wading Belt | <input checked="" type="checkbox"/> | Water/ Food supplies | <input checked="" type="checkbox"/> | Dry Suit | <input type="checkbox"/> |
| Bear Spray/Bangers | <input checked="" type="checkbox"/> | Rainwear/ Weather Wear (extra coat) | <input checked="" type="checkbox"/> | Linesman Gloves | <input type="checkbox"/> |
| Level 1/ Personal FA Kit | <input checked="" type="checkbox"/> | Other | <input type="checkbox"/> | Whistle | <input type="checkbox"/> |

Machinery Inspection (Vehicle/Trailer/ATV)

Vehicle ID 1234

| | | | |
|------------------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| Obvious damage/leaks | <input checked="" type="checkbox"/> | Horn | <input checked="" type="checkbox"/> |
| Tires | <input checked="" type="checkbox"/> | Brakes | <input checked="" type="checkbox"/> |
| Headlights / tail lights / Signals | <input checked="" type="checkbox"/> | Parking Brake | <input checked="" type="checkbox"/> |
| Fuel | <input checked="" type="checkbox"/> | Uneven tire wear/rough steering? | <input checked="" type="checkbox"/> |
| Oil Level | <input checked="" type="checkbox"/> | Safety/Emergency information | <input checked="" type="checkbox"/> |
| Radiator fluid | <input checked="" type="checkbox"/> | Spare Tire/ Jack | <input checked="" type="checkbox"/> |
| Windshield fluid | <input checked="" type="checkbox"/> | Suspension/Steering | <input checked="" type="checkbox"/> |
| okay | <input type="checkbox"/> | needs attention | <input checked="" type="checkbox"/> |

Housekeeping for Slips, Trips and Fall Prevention:

| | | | | | |
|------------------------|--------------------------|--------------|--------------------------|----------------------------------|--------------------------|
| Slippery/uneven ground | <input type="checkbox"/> | Spills | <input type="checkbox"/> | Unsecured mats, tiles, carpets | <input type="checkbox"/> |
| Loose debris | <input type="checkbox"/> | Cables/cords | <input type="checkbox"/> | Smoke/Steam/Fog view obstruction | <input type="checkbox"/> |

| | | | | | |
|---------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|
| Poor lighting | <input type="checkbox"/> | Barriers in place | <input type="checkbox"/> | Good footwear | <input type="checkbox"/> |
|---------------|--------------------------|-------------------|--------------------------|---------------|--------------------------|

Types of injuries that could occur:

| | | | | | |
|------------------------|--------------------------|----------------|--------------------------|-----------------------------------|--------------------------|
| Sprains/breaks/bruises | <input type="checkbox"/> | Crush injuries | <input type="checkbox"/> | Electrocution | <input type="checkbox"/> |
| Cuts/lacerations | <input type="checkbox"/> | Head injuries | <input type="checkbox"/> | Traffic accident related | <input type="checkbox"/> |
| Drowning | <input type="checkbox"/> | Exposure | <input type="checkbox"/> | Repetitive Strain (eg.tendonitis) | <input type="checkbox"/> |

Barriers to first aid being provided to injured worker:

| | | | |
|--|--------------------------|--|--------------------------|
| Unsafe Accident Scene | <input type="checkbox"/> | Victim/ Attendant Panic and/or Shock | <input type="checkbox"/> |
| Remote worksite (distance to Hospital/Vehicle) | <input type="checkbox"/> | Time to get Level 1 kit from vehicle if required | <input type="checkbox"/> |
| Slippery / Steep and/or uneven ground | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |

First Aid Assessment (Check one) – See Appendix 8 of H&S Plan for details/lower requirement scenarios

| Scenario | Requirement |
|---|--|
| <input checked="" type="checkbox"/> <6 – 30 workers and > 20 minutes from hospital and "low" risk of injury | Level 1 Certificate and Level 1 Kit |
| <input type="checkbox"/> 6 – 15 workers and > 20 minutes from hospital and "moderate" risk of injury | Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment |
| <input type="checkbox"/> 6 – 10 workers and > 20 minutes from hospital and "high" risk of injury | Level 1 Certificate, Level 1 Kit, Transportation endorsement and ETV equipment |
| <input type="checkbox"/> 11 – 30 workers and > 20 minutes from hospital and "high" risk of injury | Level 3 Certificate, Level 3 Kit, dressing station and ETV |

☐ Discuss incidents and close calls in past similar work (reasons for incident/close call and corrective actions taken/to be taken to avoid similar situations).

☐ Discuss Relevant Industry Alerts:

| | | | | | |
|-----------------------------------|--------------------------|-----------------------------|--------------------------|---------------------|--------------------------|
| Overhead hazards (snags/branches) | <input type="checkbox"/> | Secure contents in vehicles | <input type="checkbox"/> | Bears | <input type="checkbox"/> |
| Winter Driving Preparation | <input type="checkbox"/> | Alert while Driving | <input type="checkbox"/> | Vehicle Maintenance | <input type="checkbox"/> |
| Unstable machinery | <input type="checkbox"/> | Floods and Landslides | <input type="checkbox"/> | Devils Club in eyes | <input type="checkbox"/> |

Worker Assessment

Worker: Bo dy

Assessed by: A I

| | | | |
|---|-------------------------------------|---|-------------------------------------|
| Can identify worksite hazards | <input checked="" type="checkbox"/> | Wears hard hat / protection | <input checked="" type="checkbox"/> |
| Is alert and focused on job | <input checked="" type="checkbox"/> | Uses required hearing protection | <input checked="" type="checkbox"/> |
| Demonstrates safe use of tools & equip. | <input checked="" type="checkbox"/> | Wears high visibility / protective clothing | <input checked="" type="checkbox"/> |
| Demonstrates proper use of seat belt | <input checked="" type="checkbox"/> | Wears appropriate footwear for job | <input checked="" type="checkbox"/> |
| Has required license / certificate(s) | <input checked="" type="checkbox"/> | Wears wading belt / bear spray | <input checked="" type="checkbox"/> |
| Worker is Competent | <input checked="" type="checkbox"/> | | |

Feedback: _____

Signatures:

Worker: _____

Assessed by: _____

☐ Call In/Call out Numbers

| Crew Member | | Personal Emergency Contact | Personal Emergency Contact # |
|-------------------|--|----------------------------|---------------------------------|
| Allan Irvine | 250 777 1518 | Tara Stark | 250 352 5311 Cell: 250 505 9489 |
| | | | |
| Inreach text (al) | 226 241 6177 allanirvine75@inreach.garmin.com | | |

☐ Emergency Contact Info:

| | Kaslo | Grand Forks | Nelson | Fernie | Creston | Mackenzie |
|--------------------|----------------|--------------|--------------|--------------|--------------|------------|
| RCMP Search&Rescue | 911 | 911 | 911 | 911 | 911 | 911 |
| Hospital | 250 353 2225 | 250 443-2100 | 250 352-3111 | 250 423 4453 | 250 428 2286 | 2509973263 |
| Poison Control | 1 800 567 8911 | | | | | |

(250) 565-2000 Prince George Hospital